

TACOMA AREA LITERACY COUNCIL

P.O. BOX 7210, TACOMA, WA 98417-0210

253.272.2471

VOLUNTEER APPLICATION

Date _____

First Name _____ M.I. _____ Last _____

Mailing address _____

City _____ Zip _____

Home phone () _____ Work/msg phone () _____

E-mail address _____

Birth date _____ Sex _____

Employer _____

Occupation _____

Education (Highest level) _____

Where received _____

Major/minor _____

Please list additional skills or experience (writing, public speaking, grant writing, event planning, computers, photography/video, building trades, fundraising, etc.)

Where did you learn about this program? _____

Volunteer experience: _____

List one personal reference and phone number: _____

Please complete this form and send with your check for \$30 to

Tacoma Area Literacy Council

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